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### Telling

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# Telling

Sophie Tamas and Jonathan Wyatt

## Abstract:

Testimony – the process of narrating yourself before a witness – lies at the heart of qualitative research and therapy. In both, we seek stories we can live in, trying on analytic frames in order to make sense of experience. Testimonial acts may be seen as the engine of personal and social change and our primary source of knowledge. However, particularly in contexts of trauma and difference, testimony may be troubled by our discursive constraints and relations of power. This piece offers a performative, open-ended exploration of the (mis)uses of testimony within and between scholarly and therapeutic frames.

**Key words:** testimony, narrative, therapy, research.

## Contact details and affiliations

Sophie Tamas  
Queen's University, Canada  
[sophie@tamas.com](mailto:sophie@tamas.com)

Jonathan Wyatt  
University of Oxford, UK  
[jonathan.wyatt@learning.ox.ac.uk](mailto:jonathan.wyatt@learning.ox.ac.uk)

## Biographies

**Sophie Tamas** is a postdoctoral fellow in emotional geography at Queens University, Kingston, Ontario, Canada, investigating spaces where we make sense and use of loss as part of a research-based theatre inquiry into the postabuse process. She has a PhD and MA in Canadian studies (Carleton University, Ottawa, Ontario) and lives in rural Ontario, where she is very active in the non-profit social services sector.

**Jonathan Wyatt** is Head of Professional Development and a Research Fellow at the University of Oxford, United Kingdom, and a counselor in private practice. His co-authored book *Deleuze and Collaborative Writing* (2011) is published by Peter Lang.

Setting: A medium-sized office. There is one door and a window opposite. A weak light sifts through the sheer curtains. To the right of the door there is a desk, which looks neither new nor old and somewhat recently tidied, with a comfortable office chair tucked in front of it. Adjacent to the desk stands a small shelf of scholarly and therapeutic books, with a clock and a framed photo of a family on its top. Two upholstered armchairs sit under the window, not quite facing each other. One chair is slightly larger than the other. A side table squats against the wall between them, bearing a lamp that spills a little amber pool of light, a glass of water on a cardboard coaster, and a plain box of Kleenex. In the corner behind one of the chairs, a floor plant struggles to find a reason to live. A large abstract print hangs on the wall facing the bookshelf; it is too bland to be either ugly or beautiful. There is a coat tree to the left of the door, with a grey cloth coat and brown leather bag hanging on one hook, and a rubber boot mat beside it, bearing the dried marks of other people's boots. A small and somewhat worn Persian rug tries, rather unsuccessfully, to impart an air of coziness.

## SCENE ONE

*DOCTOR WYATT, a man in his fifties, is at the desk. There is a knock on the door; he checks his watch, stands and opens it. SOPHIE, a woman in her forties, enters.*

Sophie: Hello?

Dr. Wyatt: Please come in.

Sophie: Doctor Wyatt? *(she shakes his hand).*

Dr. Wyatt: Jonathan's fine. *(He closes the door and she hesitates, looking at the chairs; he gestures her toward the smaller one. He takes a pad of paper and pen from his desk and they sit. He makes notes, intermittently, as they talk.)*

Sophie: You don't like being called 'doctor'?

Dr. Wyatt: I'm not a medical doctor.

Sophie: But you are a doctor.

Dr. Wyatt: It implies that you're 'ill' and I'll make you 'better'.

Sophie: People who call themselves "doctor" always seem so insecure. But I guess that's what we want, isn't it? *(she digs in her purse for her cell phone as she speaks, and turns the ringer off).*

Dr. Wyatt: What?

Sophie: Knowledge as cure. To be fixable.

Dr. Wyatt: I'd be a rich man.

Sophie: *(setting down her bag)* I saw a woman once who actually had a magic wand. One of her clients made it for her. It might have worked, too. By placebo effect.

Dr. Wyatt: What brings you here?

Sophie: *(sighs)* You should know that I hate therapy.

Dr. Wyatt: Of course. Why?

Sophie: Compressing everything I am into some 50 minute narrative, and then pretending to *make sense* of it? *(scoffs)* Please.

Dr. Wyatt: Therapy isn't fun. It's healthy not to like it.

Sophie: Are you in therapy?

Dr. Wyatt: Not now. I have been.

Sophie: What didn't you like about it?

Dr. Wyatt: Oh, his room in a damp basement. Lying on the couch with him sitting behind me waiting for me to talk. Going home shaken by what he'd said.

Sophie: I thought they just did the couch thing in movies.

Dr. Wyatt: So given that you don't want to be here -

Sophie: I'm having problems with testimony.

Dr. Wyatt: Yes?

Sophie: Do they have that in the DSM?<sup>1</sup> A testimony disorder?

Dr. Wyatt: What kind of problems?

Sophie: Well, I'm a writer. Sort of.

Dr. Wyatt: I see.

Sophie: But writers are supposed to need therapy, so at least I'm in character.

Dr. Wyatt: What do you write about?

Sophie: Cheery things. Trauma, abuse, loss, problems in how we produce knowledge.

Personal stories.

Dr. Wyatt: I see.

Sophie: It's my masochistic circus freak career.

Dr. Wyatt: Really?

Sophie: (*sarcastic*) No, no. It's producing useful knowledge.

Dr. Wyatt: Useful how?

Sophie: Well, that's the problem, isn't it?

Dr. Wyatt: What do you think?

Sophie: It's supposed to be therapeutic.

Dr. Wyatt: Writing instead of acting out?

Sophie: But I pretend its scholarship. Helping others, when really it's just picking a scab.

Dr. Wyatt: You're harsh.

Sophie: And it's romantic, isn't it? Edgy. As if anything truly dangerous is ever going to happen in a scholarly journal.

Dr. Wyatt: Why not?

Sophie: It's show and tell and hide and go seek all at the same time. I trot out these pathetic stories of my banal suffering and wrap it around some histrionic theorizing and top it off with a little grit to make you feel something. Anything. But not too much. Nothing that breaks the frame.

Dr. Wyatt: What frame?

Sophie: The contract. The idea that you, and me, by talking, can somehow make things bearable.

Dr. Wyatt: Knowledge as cure, again?

Sophie: Through carefully staged performances of pseudo-vulnerability.

Dr. Wyatt: Then why does it scare you?

Sophie: Because things leak. The audience is totally unmanageable.

Dr. Wyatt: So on the one hand your work is inadequate because it's not real enough. Too safe.

Sophie: Right.

Dr. Wyatt: But at the same time it's inadequate because you need to manage the reader. Not safe enough.

Sophie: So I'm stuck.

Dr. Wyatt: I don't think you're naming the problem.

Sophie: No?

Dr. Wyatt: What if you're actually being sincere?

Sophie: Oh, please.

Dr. Wyatt: You don't think that's possible?

Sophie: I'm a *postmodernist*.

Dr. Wyatt: It's a little ironic, then.

Sophie: So, what, you think I'm just telling the truth?

Dr. Wyatt: That doesn't matter.

Sophie: If it's true?

Dr. Wyatt: Incidental, immaterial, indeterminate.

Sophie: Right.

Dr. Wyatt: But it must *feel* true, to some extent.

Sophie: Why?

Dr. Wyatt: Or else you wouldn't be here.

Sophie: But all kinds of lies can feel true.

Dr. Wyatt: Of course. But you trust.

Sophie: Been there, done that, got the divorce.

Dr. Wyatt: So -

Sophie: Of course, you trust things, whether you want to or not.

Dr. Wyatt: Such as?

Sophie: Depends which me you ask

Dr. Wyatt: D'you trust your writing?

Sophie: As a process, maybe. But not the product.

Dr. Wyatt: Why publish it, then?

Sophie: Vanity? Narcissism?

Dr. Wyatt: Do you believe that?

Sophie: I dunno.



Dr. Wyatt: We make use of loss by storying it. That's how we survive, as a species.

Sophie: By turning it into comfort text?

Dr. Wyatt: Or seeking connection.

Sophie: *(laughs once)*. Right.

Dr. Wyatt: Yes?

Sophie: I've studied it. Feminist relational theory.

Dr. Wyatt: And?

Sophie: Smarmy touchy-feely bunk. It's the last thing I want.

Dr. Wyatt: You're connected anyhow. It's just a question of noticing.

Sophie: I've read the theory, remember? I'm not saying they're wrong.

Dr. Wyatt: If you don't want it, why are you writing for it?

Sophie: And against it. Want and need are different.

Dr. Wyatt: What do you need?

Sophie: Authenticity? Absolution?

Dr. Wyatt: For what?

Sophie: Appropriating the position of the victim.

Dr. Wyatt: Tsk. Diabolical.

Sophie: And using it for publications. To fill up my CV so somebody will hire me.

Dr. Wyatt: We use what we're given.

Sophie: But it feels like a moral failure to sit there sucking the bones of my imagined losses when it's equally true that the sun is shining and I have both my legs and -

Dr. Wyatt: So you can feel guilty for feeling loss. Good job!

Sophie: Smartass.

*Dr. Wyatt laughs.*

Dr. Wyatt: Why do you keep writing, then?

Sophie: Wal-Mart wasn't hiring.

Dr. Wyatt: Or maybe you need to.

Sophie: Why would I need to?

Dr. Wyatt: You tell me.

Sophie: I already did.

Dr. Wyatt: I don't believe you.

Sophie: Oh for God's sake. D'you think this helps?

Dr. Wyatt: Doesn't matter what I think.

Sophie: But do you?

Dr. Wyatt: Sometimes.

Sophie: D'you have to think that, so you can live with getting paid to sit there?

Dr. Wyatt: You live with paying me.

Sophie: Don't have much choice.

Dr. Wyatt: Sure you do.

Sophie: You're avoiding the question.

Dr. Wyatt: Yes I am.

Sophie: Why?

Dr. Wyatt: I'm not attacking you, Sophie. Just because connection is intentional and managed, it doesn't mean it's useless. Like here. If I can keep out of the way, sometimes interesting things happen.

Sophie: Interesting how?

Dr. Wyatt: The client feels clearer, more accepting. Less alone.

Sophie: And you think that's what I'm doing, in my work?

Dr. Wyatt: I told you what I think you're doing.

Sophie: Bearing witness to myself? Like auto-therapy?

Dr. Wyatt: D'you believe that?

Sophie: No.

Dr. Wyatt: Why?

Sophie: The audience. It's a performance. In here you're not putting on a show.

Dr. Wyatt: Of course I am. And you. We're always in role.

Sophie: If that's what I'm doing, why doesn't it help?

Dr. Wyatt: How d'you know it doesn't?

Sophie: I don't feel connected.

Dr. Wyatt: What do you feel?

Sophie: Exposed. Far away.

Dr. Wyatt: Scared?

Sophie: Manipulative.

Dr. Wyatt: You don't trust yourself.

Sophie: Why should I? Trauma produces a total epistemic crisis. What's there to trust?

Dr. Wyatt: And you're traumatized?

Sophie: I don't know. Aren't we all?

Dr. Wyatt: So you're in therapy because you don't know why you write autoethnographies of trauma?

Sophie: I don't know what they're good for. If they're going anywhere. I know they get me funded.

Dr. Wyatt: But even that feels ambivalent.

Sophie: Pimping myself.

Dr. Wyatt: Are you a good writer?

Sophie: People say I am.

Dr. Wyatt: And?

Sophie: (*shrugs*) I guess. Relatively.

Dr. Wyatt: So you're doing this thing - writing through loss - and publishing it. But you're not sure what it's good for, or if you can live with it.

Sophie: Yeah.

Dr. Wyatt: You'd like to hope it might help but you can't quite get there.

Sophie: D'you know how much useless shit gets justified by saying that it helps?

Dr. Wyatt: Why did you start writing?

Sophie: I always wrote.

Dr. Wyatt: Like this?

Sophie: This I started when I ran out of money for therapy.

*Dr. Wyatt smiles.*

Sophie: And I needed a research topic. Something -

Dr. Wyatt: Provocative?

Sophie: Not boring.

Dr. Wyatt: And why therapy now?

Sophie: I have to do this panel. At a big conference. On the connection between research and therapy. It was my idea. But all these grown up uber-scholars have signed on and they're mostly all therapists too and I need to be STELLAR but I don't know anything.

Dr. Wyatt: So just listen.

Sophie: You don't know me, do you.

Dr. Wyatt: Not yet.

Sophie: Oh, but you will?

Dr. Wyatt: Maybe.

*Dr. Wyatt looks at her and smiles. Pause.*

Sophie: Are you flirting with me, Doctor Wyatt?

*Pause. W shrugs slightly, then looks at his notes.*

Sophie: You see? Right there. That's what I mean. All this "vulnerability" is just another way of hiding.

Dr. Wyatt: It's trying to be honest.

Sophie: Is that what we're doing? Really?

Dr. Wyatt: You don't think so?

Sophie: You didn't answer the question.

Dr. Wyatt: I can't.

Sophie: Won't. It's not connecting, it's intellectualizing. You're under-theorized.

Dr. Wyatt: And you hide your terror behind your cynicism.

Sophie: You just sublimate your desire into some half-cocked rescue mission so you feel better about whatever shitty secrets you're keeping from yourself.

Dr. Wyatt: Ah, is that why I'm here?

Sophie: You tell me.

Dr. Wyatt: How safe for you then.

Sophie: Oh. So you're actually here to *connect*.

*Pause. She holds his gaze for a moment.*

Dr. Wyatt: Well. Time's up.

Sophie: Okay. *(stands)* I'll call you.

Dr. Wyatt: *(stands)* Will you write about this?

Sophie: *(smiles, shakes his hand)* Doctor.

## SCENE TWO

*Dr. Wyatt and Sophie both stand. Dr. Wyatt puts the pad and pen on the table, crosses to the smaller chair, and stands in front of it; he becomes Jonathan. Sophie puts her purse beside the desk, crosses over to the larger chair, and stands in front of it, facing Jonathan. She becomes Dr. Tamas. Pause.*

Dr Tamas: Hello, I'm Dr. Tamas. *(Shaking his hand)*

Jonathan: Jonathan. *(They sit; Dr. Tamas picks up the pad and paper, to take notes.)*

Dr Tamas: I really appreciate you making time for this.

Jonathan: My pleasure. It seems like a fascinating project.

Dr. Tamas: I hope so. Did you get a chance to review the research description?

Jonathan: Yes. You're studying therapists who write.

Dr. Tamas: I'm interested in the links between research and therapy. Why people are therapists and why they write and how they negotiate those relationships.

Jonathan: I see.

Dr. Tamas: Did you have a chance to sign the consent form?

Jonathan: Yes. It's in my bag.

Dr. Tamas: I can get it later.

Jonathan: I'm not used to being interviewed, being in this chair. It's been a long time.

Dr. Tamas: You're not in therapy? As part of your self-care or supervision?

Jonathan: I go in and out. As I need it.

Dr. Tamas: How do you know when you need it?

Jonathan: Is this part of the interview?

Dr. Tamas: Sort of. I'm not using a set schedule -

Jonathan: So the sample questions you sent me -

Dr. Tamas: Would you prefer that we stick to them? We could do that, if you're not comfortable just talking -

Jonathan: It's okay. Talking is what I do.

Dr. Tamas: Not listening?

Jonathan: *(smiles thinly)* Both, I suppose.

Dr. Tamas: Do you feel that you're better adjusted than your clients?



Jonathan: I don't think of it that way.

Dr. Tamas: What way?

Jonathan: As a competition. It would be nice if it was, of course. Because then I'd be winning.

Dr. Tamas: Of course. But is it a competition if you know yourself to be well by contrast to them? They wouldn't be clients if they weren't unwell in some way, would they?

Jonathan: I suppose.

Dr. Tamas: So then your identity as the well doctor depends on –

Jonathan: I don't have a stable sense of identity. Certainly not as 'the well doctor.'

Dr. Tamas: if you don't know who you are, and you're not better adjusted than your clients, what do you offer them? Why do therapy?

Jonathan: I don't know.

Dr. Tamas: Can you explain?

Jonathan: I just practice one day a week. Each Wednesday, I walk five minutes to the office, arrange the chairs, check the clock and call in the first person at nine. I feel such relief when someone cancels and when I walk into town at lunch. But I keep going. I long for that moment when I'm with someone and forget the time. I'm always waiting to be 'caught' by the person who's with me.

Dr. Tamas: But you don't need therapy.

Jonathan: No. Not now.

Dr. Tamas: Do you find it entertaining?

Jonathan: Would that be bad?

Dr. Tamas: You tell me.

Jonathan: I think it's about wanting to lose myself, about wanting to forget that I'm ordinary, just an ordinary man doing ordinary work on an ordinary day. I want to be lost in someone else's world

Dr. Tamas: And relieved that it's not yours?

Jonathan: Maybe. I don't envy my clients.

Dr. Tamas: They are in therapy, after all.

Jonathan: That doesn't make them pathetic.

Dr. Tamas: Of course not. But it might make them extraordinary.

Jonathan: I suppose.

Dr. Tamas: And that could be something to envy, in a way. If there's something wrong with being ordinary.

Jonathan: My friend just had a book published – his fifth. I went to the book launch. The place was packed. He did a spiel about how his work with young people is regularly about their struggle to live with being ordinary<sup>2</sup>. Ordinary is what we mostly are, he'd maintain, but it's good.

Dr. Tamas: It's good?

Jonathan: No. It's bloody wretched. I want to be STELLAR.

Dr. Tamas: So you want that feeling of specialness, that escape from the ordinary.

And you get that in those moments when you're not in yourself?

Jonathan: Yes. And that's when I want to write.

Dr. Tamas: When you're not there?

Jonathan: That's one way of saying it.

Dr. Tamas: So that's what's in it for you. But what does the client get out of it?

Jonathan: My dad used to ask me that. If I felt I was helping. I didn't know how to answer. I'm not motivated much by "helping."

Dr. Tamas: It matters to them that you help, presumably. Or they wouldn't come.

Jonathan: You'd be surprised. It matters to my employers, in their own limited way.

I'm meant to give clients questionnaires each week to 'measure' their progress.

There's a question that asks them to score, on a scale of 0 to 3, the extent to which they feel a failure. I'm doing a good job if the scores improve.

Dr. Tamas: Do they?

Jonathan: I don't know. I don't ask. I'm waiting for them to notice and give me the sack.

Dr. Tamas: If you don't like it, why stay?

Jonathan: Because there are moments worth waiting for. When I'm in the room, all of me, yet not aware of myself. Those are the times when I know that something is happening.

Dr. Tamas: And that's also what leads you to write?

Jonathan: I wrote once about 'intensity'. I'd been working with a client and he'd come back some weeks after finishing, with a present for me. I know all the theory about presents from clients, but I experienced it as so touching. Our work had been so intense. I wrote about him, and about how there seemed something unethical about longing for those moments of intensity.

Dr. Tamas: How did you resolve it?

Jonathan: I didn't. I haven't written about counseling for a while now. I think it's because I'm tired. All that grief: I'm done with it. I don't want to define myself or be defined as the guy who does misery. I want to be the guy who does, I don't know. Sex. Acrobatics. Both.

Dr. Tamas: All at once?

Jonathan: Why not?

Dr. Tamas: Might increase your insurance costs.

Jonathan: I'd have lots to write about.

Dr. Tamas: When you write, do you turn the work to your benefit? If you're in pursuit of a scholarly career?

Jonathan: I wouldn't do the work if I didn't get something out of it. I'm ok with that.

Anyway, I don't think of myself as a scholar. Or a writer.

Dr. Tamas: No? But you publish. Other people think of you in those terms.

Jonathan: Not a proper one. I'm limited. Something more dull than a writer.

Dr. Tamas: More ordinary?

Jonathan: *(smiles)* Perhaps.

Dr. Tamas: Those qualms about longing for the moments of intensity - that spur you to write. Does it feel - instrumental, somehow? Turning your experience as a therapist into - whatever it is, if you're not a scholar, and not a writer?

Jonathan: I watch for them. I listen for the voice that says 'that'll make a good story' and try to set it aside.

Dr. Tamas: You feed off them, then? To manage the misery?

Jonathan: I try not to, but I do. Yes.

Dr. Tamas: Does it ever go wrong?

Jonathan: Last year I wrote about a man, similar age, who, like me, had recently lost his dad. I started writing his stories in between sessions and then, on the last session, asked him if it would be ok if I wrote about our work together. It was too soon.

Dr. Tamas: For him?

Jonathan: Yes. Yalom says he'll never write about a client until years later<sup>3</sup>. Now, if I write about someone while I'm still working with them, I'll write for them. I'll offer to read it to them.

Dr. Tamas: *(smiles)* That could be awkward.

Jonathan: Why?

Dr. Tamas: I don't know. Perhaps it isn't. But it makes me think of ex-boyfriends reading me their poetry.

*Jonathan says nothing; there is an awkward pause.*

Dr. Tamas: I'm sure it's an effective strategy.

Jonathan: That's very kind. Are we nearly done?

Dr. Tamas: I just have a few more questions - but if you need to go -

Jonathan: No. That's fine.

Dr. Tamas: I guess, if I can be blunt -

Jonathan: Why stop now?

Dr. Tamas: My question would be, how do you deal with using your clients?

Jonathan: Interesting, that you see it that way.

Dr. Tamas: How should I see it?

Jonathan: I don't know, should. But there are other possible ways.

Dr. Tamas: Such as?

Jonathan: Writing could be what I do instead of therapy. For me, to sort through and ruminate on how I have been touched by the people I work with. To find a place in me where their stories can rest.

Dr. Tamas: Okay.

Jonathan: It could be a way of improving my practice as a therapist, synthesizing their stories with other stories and bodies of theory to find patterns and structures of meaning. Possible meanings. Ways to story and restory.

Dr. Tamas: To find narratives you can live with?

Jonathan: That leave room for hope. It could be play. It could be practicing writing, like playing scales, improving my representational capacity, using the materials at hand.

Dr. Tamas: Okay.

Jonathan: Or, I suppose, it could be exploitation.

Dr. Tamas: Which is it?

Jonathan: As if I'd know.

Dr. Tamas: That's convenient.

Jonathan: Did you have other questions?

Dr. Tamas: What don't you write about?

Jonathan: Many things.

Dr. Tamas: How do you make those decisions?

Jonathan: Like I said. I respond to the connection, the intensity. What moves me.

Dr. Tamas: So no writing about dull people?

Jonathan: It's mostly dull if there's disconnection. And then it's my job to feel out why, where that's coming from. See if I can find my way around it.

Dr. Tamas: That's what you don't write? The dull bits?

Jonathan: Mostly. Though sometimes the dull bits end up being the most interesting.

Dr. Tamas: Do you write about your family?

Jonathan: Sometimes. I usually consult them.

Dr. Tamas: Do your clients get the choice?

Jonathan: Er - usually. But I never identify them, and nobody could extrapolate, but I guess they might recognize themselves. It's different, for family. They're more exposed.

Dr. Tamas: And so are you, of course. You'd have to live with exposing them.

Jonathan: We write what we know.

Dr. Tamas: But not everything we know.

Jonathan: Of course not. What's your point?

Dr. Tamas: It's just interesting, how we make those choices. What we choose to represent.

Jonathan: (*getting a little red-faced*) I take my ethical obligations very seriously.



Dr. Tamas: (*placating*) I'm sure you do. Honestly. I'm just trying to learn about ethical practice. (*she sighs*). Do you write about what you want from clients? How you feel?

Jonathan: What do you mean?

Dr. Tamas: Your investments. Your desires, in that room. Or beyond?

Jonathan: Mostly I talk about them, and their stories.

Dr. Tamas: Huh.

Jonathan: Mine are too -

Dr. Tamas: Ordinary?

Jonathan: No. Not that.

Dr. Tamas: What, then?

*Jonathan smiles.*

Jonathan: This has been interesting.

Dr. Tamas: Oh? I'm glad. I'm sorry I'm not very professional - I'm just learning -

Jonathan: No. Don't worry. It's been - engaging.

*Dr. Tamas looks down.*

Dr. Tamas: Thank you.

Jonathan: I'm doing a panel, soon. On the links between research and therapy.

Dr. Tamas: Yes?

Jonathan: It was my idea, but a lot of others have become interested, too. Should be a stimulating conversation. Edgy. You might like it. You should come.

Dr. Tamas: Oh, I don't know.

Jonathan: I might talk about this. About you.

Dr. Tamas: O - okay.

Jonathan: If you don't mind?

Dr. Tamas: Why should I? That's what you do, isn't it?

Jonathan: When I get the desire. Did you have other questions?

Dr. Tamas: Um - no.

Jonathan: *(standing)* You can email me, if you like. If you think of something you wish you'd asked.

*Dr. Tamas stands. Jonathan shakes her hand.*

Jonathan: If I do write it up - what would you like me to call you?

*They freeze; curtain.*

THE END

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<sup>1</sup> The DSM is the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association.

<sup>2</sup> Luxmoore, (2011)

<sup>3</sup> Yalom, 2006